

Please type a plus sign (+) inside this box

PTO/SB/01 (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 15997RRUS01U

First Inventor Lorne C. Hinz

Title TIME ZONE BASED PHONE SERVICES

Express Mail Label No. EV 047544402 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1.  Fee Transmittal Form (e.g. PTO/SB/17)  
*(submit an original and a duplicate for fee processing)*
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages 43]  
*(preferred arrangement set forth below)*
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [Total Pages 6]
5. Oath or Declaration [Total Pages 2]
  - a.  Newly executed (original or copy)  
Copy from a prior application (37 CFR 1.63 (d))
  - b.  *(for continuation/divisional with Box 18 completed)*
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_

Prior application information: Examiner: Group Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label  insert customer no. or attach bar code label here or  Correspondence address below

Name James A. Harrison

Address P.O. Box 670007

City Dallas

State TX

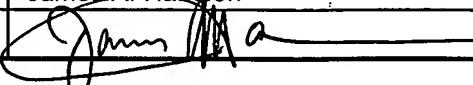
Zip Code 75367

Country USA

Telephone (214) 902-8100

FAX (214) 902-8101

Name (Print/Type) James A. Harrison Registration No. (Atty/Agent) 40,401

Signature  Date 9/30/2003

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

03916 U.S.P.T.O.  
10/6/2003  
10/676166



6519  
U.S.  
PTO  
09/03/03

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

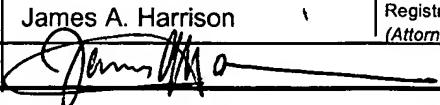
TOTAL AMOUNT OF PAYMENT (\$ 978.00)

		Complete if Known																																
Application Number																																		
Filing Date																																		
First Named Inventor		Lorne C. Hinz																																
Examiner Name																																		
Group Art Unit																																		
Atty Docket No.		15997RRUS01U																																
METHOD OF PAYMENT		FEE CALCULATION (continued)																																
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account 502126 Number</p> <p>Deposit Account Garlick Harrison &amp; Markison Name</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>3.. ADDITIONAL FEES</p> <p>Fee Description</p> <p>Surcharge-late filing fee or oath</p> <p>Surcharge- late provisional filing fee or cover sheet</p> <p>Non-english specifications</p> <p>For filing a request for ex parte reexamination</p> <p>Requesting publication of SIR prior to Examiner action</p> <p>Requesting publication of SIR after Examiner action</p> <p>Extension for reply within first month</p> <p>Extension for reply within second month</p> <p>Extension for reply within third month</p> <p>Extension for reply within fourth month</p> <p>Extension for reply within fifth month</p> <p>Notice of Appeal</p> <p>Filing a brief in support of appeal</p> <p>Request for oral hearing</p> <p>Petition to institute a public use proceeding</p> <p>Petition to revive - unavoidable</p> <p>Petition to revive unintentional</p> <p>Utility Issue Fee (or reissue)</p> <p>Design Issue Fee</p> <p>Plant Issue Fee</p> <p>Petitions to the Commissioner</p> <p>Processing fee under 37 CFR 1.17(q)</p> <p>Submissions of Information Disclosure Stmt</p> <p>Recording each patent assignment per property (times number of properties)</p> <p>Filing a submission after final rejection (37 CFR 1.129(a))</p> <p>For each additional invention to be examined (37 CFR 1.129(b))</p> <p>Request for Continued Examination (RCE)</p> <p>Request for expedited Examination of design application</p> <p>Other fee (specify) _____</p> <p>Reduced by Basic Filing Fee Paid</p> <p>SUBTOTAL (3) \$0.00</p>																																
<p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>																																		
FEE CALCULATION																																		
<p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Utility filing fee</td> <td>750.00</td> </tr> <tr> <td>Design filing fee</td> <td></td> </tr> <tr> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td><b>SUBTOTAL(1)</b></td> <td><b>(\$ ) \$750.00</b></td> </tr> </tbody> </table>				Fee Description	Fee Paid	Utility filing fee	750.00	Design filing fee		Plant filing fee		Reissue filing fee		Provisional filing fee		<b>SUBTOTAL(1)</b>	<b>(\$ ) \$750.00</b>																	
Fee Description	Fee Paid																																	
Utility filing fee	750.00																																	
Design filing fee																																		
Plant filing fee																																		
Reissue filing fee																																		
Provisional filing fee																																		
<b>SUBTOTAL(1)</b>	<b>(\$ ) \$750.00</b>																																	
<p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Fee From Below</th> <th>Extra Claims</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>28</td> <td>-20** 8 X 18 = 144.00</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>-3** 1 X 84 = 84.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>= _____</td> </tr> <tr> <td>Fee Description</td> <td colspan="2"></td> </tr> <tr> <td>Claims in excess of 20</td> <td colspan="2"></td> </tr> <tr> <td>Independent claims in excess of 3</td> <td colspan="2"></td> </tr> <tr> <td>**Reissue independent claims over original patent</td> <td colspan="2"></td> </tr> <tr> <td>**Reissue claims in excess of 20 and over original patent</td> <td colspan="2"></td> </tr> <tr> <td><b>SUBTOTAL (2)</b></td> <td><b>(\$ ) 228.00</b></td> <td colspan="2"></td> </tr> </tbody> </table>				Fee From Below	Extra Claims	Fee Paid	Total Claims	28	-20** 8 X 18 = 144.00	Independent Claims	4	-3** 1 X 84 = 84.00	Multiple Dependent		= _____	Fee Description			Claims in excess of 20			Independent claims in excess of 3			**Reissue independent claims over original patent			**Reissue claims in excess of 20 and over original patent			<b>SUBTOTAL (2)</b>	<b>(\$ ) 228.00</b>		
Fee From Below	Extra Claims	Fee Paid																																
Total Claims	28	-20** 8 X 18 = 144.00																																
Independent Claims	4	-3** 1 X 84 = 84.00																																
Multiple Dependent		= _____																																
Fee Description																																		
Claims in excess of 20																																		
Independent claims in excess of 3																																		
**Reissue independent claims over original patent																																		
**Reissue claims in excess of 20 and over original patent																																		
<b>SUBTOTAL (2)</b>	<b>(\$ ) 228.00</b>																																	

\*\*or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

Complete (if applicable)

Name (Print Type)	James A. Harrison	Registration No. (Attorney Agent)	40,401	Telephone	(214) 902-8100
Signature			Date	9/30/2003	